

Entered - 05-21-01 - sb  
**CL 01L0325 - GWENDOLYN BURNS**

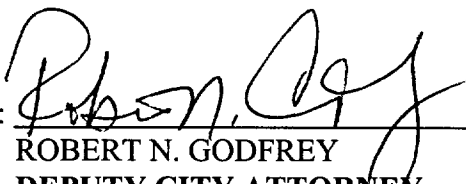
CLAIM OF:

**SUE L. SMITH**  
1559 Brewer Boulevard, SW  
Atlanta, Georgia 30310

**01- R -0946**

For property damages alleged to have been sustained when police stepped through a bathroom ceiling while responding to a burglar alarm on February 22, 2000 at 1559 Brewer Boulevard, SW.

THIS ADVERSED REPORT IS  
APPROVED

BY:   
\_\_\_\_\_  
**ROBERT N. GODFREY**  
**DEPUTY CITY ATTORNEY**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0325

Date: June 15, 2001

Claimant /Victim SUE L. SMITH

BY: (Atty) (Ins. Co.) \_\_\_\_\_

Address: 1559 Brewer Boulevard, SW, Atlanta, Georgia 30310

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 600.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 5/10/01 Method: Written, Proper \_\_\_\_\_ Improper X

Conforms to Notice: O.C.G.A. §36-33-5 \_\_\_\_\_ Ante Litem (6 Mo.) \_\_\_\_\_

Date of Occurrence 2/22/00 Place: 1559 Brewer Boulevard, SW

Department POLICE Division \_\_\_\_\_

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that her bathroom ceiling was damaged during the course of the police responding to a burglar alarm. However, the claim as presented does not comply with the same requirements of notice as set forth in O.C.G.A. Section 36-33-5(b). The six month statute of limitation expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other X

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

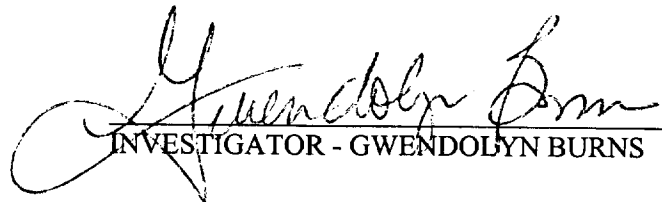
Improper Notice \_\_\_\_\_ More than Six Months X Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 06-15-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

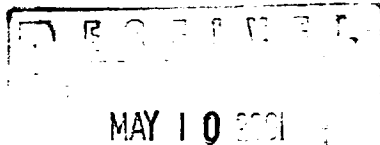
COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 5-5-01

BURNS  
05/17/01  
Du



Dear Municipal Clerk:

ENTERED - 5-21-01 - SB  
0110325 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 600.00 <sup>#2000.00</sup> property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 2-22-00  
(month/day/year)
2. Police called: ☒ Yes ☐ No
3. Location of incident: 1559 Brewer Blvd S.W. Atlanta, GA. 30310
4. Name of your insurance company: TAURUS INS Policy No. \_\_\_\_\_
5. State what and how incident occurred: Police Answering Burglar alarm Stepped through Ceiling of Bathroom. we are sending two estimates.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_  
(make) (year) (tag number) (driver's name)

City vehicle: \_\_\_\_\_  
(make) (City driver's name) (department/bureau)

8. Witness: \_\_\_\_\_  
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Sue L. Smith  
(claimant's name)

1559 Brewer Blvd S.W.  
(address)

Atlanta, GA 30310  
(city and state)

404-758-4500x102 404-753-3858  
(work number) (home number)

01-R-0946